



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200001

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUB'S BAR B QUE, INC

DOING BUSINESS AS BUB'S B B QUE

ADDRESS 676 AMHERST RD.

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: MORONEY,
ANDREA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH DINING AREA, KITCHEN AREA AND TWO REST ROOMS .20" X 40'
OUTDOOR PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200003

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIMO'S OF SUNDERLAND INC.

DOING BUSINESS A DIMO'S REST.

ADDRESS 116 NO. MAIN ST

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: RODAK, RONALD TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF FOUR ROOMS, TWO FOR DINING AND ONE FOR KITCHEN, ONE FOR STORAGE. WOOD FRAME BLDG ADDING 3 TABLES ON PORCH-WITH 3 CHAIRS EACH-4' X32' ON LAWN -2 PICNIC TABLES AND A TABLE WITH 4 CHAIRS 25' X15' (2 LAWNS)

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200004

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE SNOWS LLC

DOING BUSINESS AS SNOWZEES

ADDRESS 330 AMHERST RD.

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: SNOW, MARK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200005

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIM'S FAMILY CORP

DOING BUSINESS AS GOTEN OF JAPAN STEAK HOUSE

ADDRESS 104 OLD AMHERST ROAD

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: KIM, HAE SOON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

32' X 14' PATIO LOCATED AT 104 OLD AMHERST RD. ADJACENT TO THE REST. SEATING FOR 20 PEOPLE. PATIO ENCLOSED BY ROCK WALL AND HEDGE. 5 TABLES & 20 CHAIRS.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200010

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PM BEVERAGES, INC.

DOING BUSINESS AS BILLY'S BEVERAGES

ADDRESS 13 BRIDGE STREET

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: MARDAS, PAUL A TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR;RETAIL,COOLER BOTTLE REDEMPTION ROOM CELLAR;STORAGE FOR MERCHANDISE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200014

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEERFIELD SPIRIT SHOPPE, INC.

DOING BUSINESS AS THE SPIRIT SHOPPE

ADDRESS 295 AMHERST ROAD

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: SCHECHTERLE,
STEVEN M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM DISPLAY/SALES AND INVENTORY STORAGE ON GROUND FLOOR.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200015

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE HERON RESTAURANT & CAFE, LLC

DOING BUSINESS AS BLUE HERON RESTAURANT

ADDRESS 112 NORTH MAIN ST

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: SNOW, DEBORAH LYNN
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST AND SECOND FLOORS OF BUILDING, PATIO

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200017

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGESIDE PARTNERS LLC

DOING BUSINESS AS BRIDGESIDE GRILLE

ADDRESS 9 AMHERST ROAD

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: O'HAGAN,
ROSEMARY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY FREE STANDING WITH AMPLE PARKING...60 SEATS INSIDE AND A PATIO
FOR SEASONAL SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200019

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNDERLAND CORNER STORE, LLC

DOING BUSINESS AS SUNDERLAND CORNER STORE

ADDRESS 101 NORTH MAIN STREET

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: HAMILL, GLENN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY COMMERCIAL BUILDING ON THE CORNER OF NORTH MAIN STREET (RTE 47)
AND BRIDGE STREET (RTE 116) WITH AN ENTRANCE DOOR FACING BRIDGE ST. AND A
DELIVERY DOOR FACING SCHOOL STREET.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125200020

CITY OR TOWN SUNDERLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANN & SINGH CORPORATION

DOING BUSINESS AS SEVEN ELEVEN

ADDRESS 283 AMHERST STREET

CITY/TOWN: SUNDERLAND

STATE: MA

ZIP CODE: 01375

MANAGER: MANN,
DALJINDER S

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 600 SQ FT WITH FRONT ENTRANCE AT 295 AMHERST ROAD...AND REAR EXIT AT REAR OF PREMISES

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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